



## Los Angeles County Commission for Women (LACCW) EVENT FUNDING REQUEST FORM

All requests for funds should allow LACCW 30 days to make a determination. The requesting Commissioner must provide the following information before consideration of a request

Name of Commissioner(s)	Los Angeles County District
Commissioner: Ruth Creary	2 <sup>nd</sup> District
Amount Requesting: \$750	
Purpose of Usage: Ticket(s) DonationX Other (specify) Community Education	n Project
Organization's Name: First A.M.E. Church or Jenesse Center	r 
Address: 2270 So. Harvard Blvd., Los Angeles, CA 90018	
Street City	Zip
Telephone Number: <u>323.730.7721, 3xt. 9182</u> FAX Number	r:
Website Address: E-mail: <b>Fam</b> Contact Person (Name and Position): Brenda Elliot White	echurch.org: web site
Event Information – Name, Time and Location:	
Event Info: 2 <sup>nd</sup> District Women Health Symposium: "Healthy First A.M.E. Church or Jenesse Center 2270 So. Harvard Blvd. Los Angeles, CA 90018 Plaza Level	Hearts, Bodies and Souls"

Event Information – Purpose and Goals: (Event publicity materials may be included (optional)

Purpose and Goals: Public Information/education program to educate women on the essential elements of proper diet, food preparation, and exercise programs, as well as information to spread the word on heart disease and stroke so that the incidence of heart disease and stroke in African American and Latina women will begin to decrease.

Constituency served: All ages and all social economic status groups within the 2<sup>nd</sup> District of Los Angeles County are invited. Special emphasis on the obese woman and others, who will be able to spread the word on these top one and third or fourth cause of death in the USA.

How will your attendance or donation to this event benefit the LACCW?

This educational program is highly recommended by the Commission for each Supervisorial District and will fulfill one of our objectives to provide appropriate education information in our communities.

No ( ), this is	ed in this event before the first time. The attended prior to the	-		
event, time, and amo occasions.		f more than onc	e, please specify t	
Second Occasion	ı:			
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	500 W. Temple Str E-mail:	reet, Rm. B-50 PH: 213-974 FAX: 213-633	, Los Angeles, CA -1455 3-5102	
For CW Office Only (Yes_) (No_)	500 W. Temple Str E-mail:	reet, Rm. B-50 PH: 213-974 FAX: 213-633 : rrangel@bos	, Los Angeles, CA -1455 3-5102 .lacounty.gov	
For CW Office Only  (Yes) (No)  Place on Agenda	500 W. Temple Str E-mail:	reet, Rm. B-50 PH: 213-974 FAX: 213-633: rrangel@bos	, Los Angeles, CA -1455 3-5102 .lacounty.gov	A 90012

Approved 9/13/10